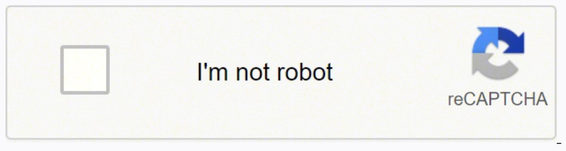

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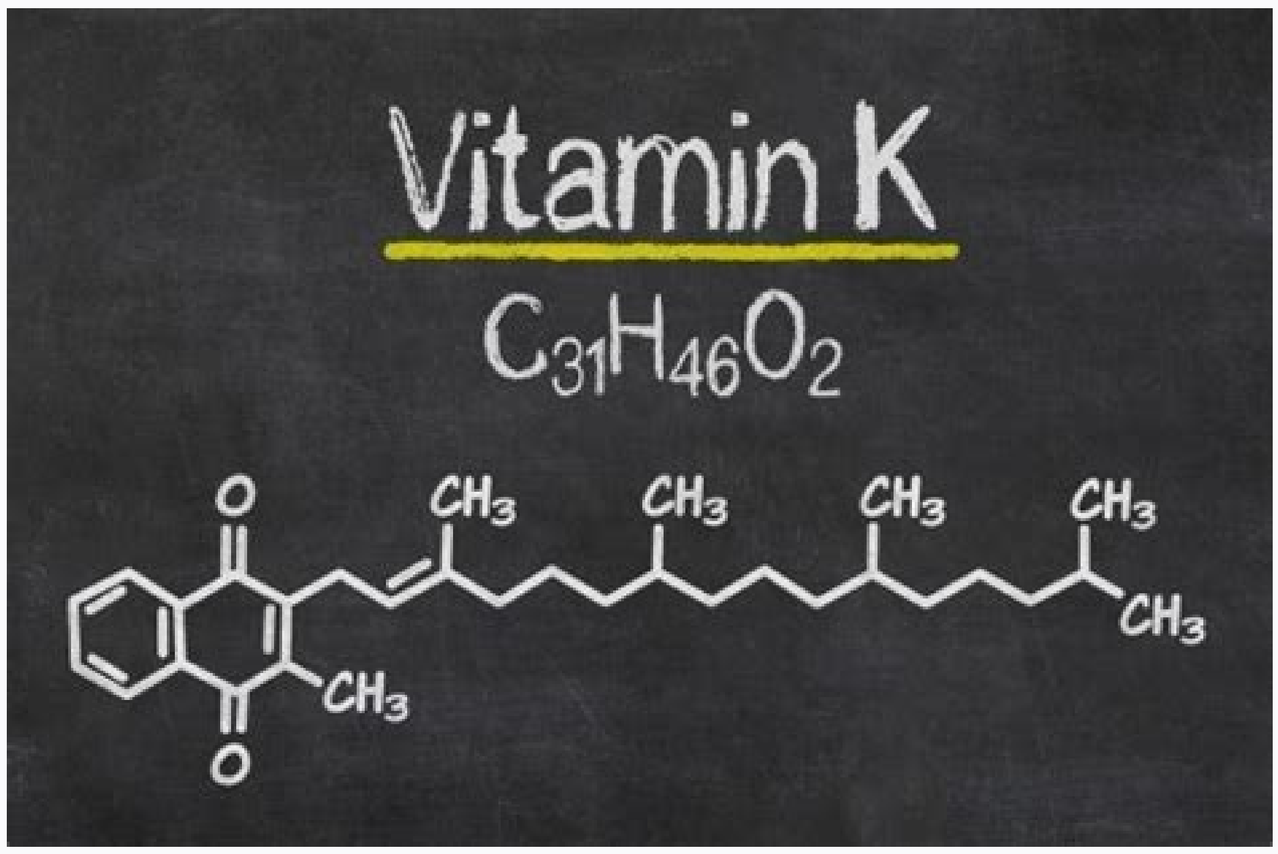
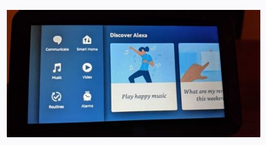
Institute of medicine vitamin d guidelines

Table 1 Bariatric procedures, their mechanism of action and associated micronutrient deficiency rates

Procedure (procedure type)	Anatomical changes (6)	Hormonal changes (7–9)	Reported deficiency rates post-surgery (10)
Sleeve gastrectomy (SG) (restrictive)	Greater curvature of the stomach is removed and a tubular stomach is created	Decreasing ghrelin levels and increasing GLP-1 and PYY levels	Folate: 10–20%; vitamin B6: 0–15%; vitamin B12: 10–20%; vitamin A: 10–20%; vitamin D: 30–70%; iron: 15–45%; copper: 10%; zinc: 7–15%
Adjustable gastric band (restrictive)	Gastric pouch (~30 mL) formed by placement of a band/collar around the upper stomach. Constriction is adjusted by varying the volume of saline injected into a subcutaneous port, linked to a balloon within the collar	May increase ghrelin and PYY	Folate: 10%; vitamin B12: 10%; vitamin A: 10%; vitamin D: 30%; iron: 0–32%
Gastric bypass (GBP) (restrictive/ malabsorptive)	Small (~30 mL) gastric pouch, divided from the larger distal 'remnant' stomach and anastomosed to a 75–150 cm length of jejunum (roux-limb). The flow of nutrients bypasses the duodenum and proximal jejunum (biliopancreatic limb) into the common channel of remaining small bowel	Decreasing levels of ghrelin and possibly increasing levels of PYY, GLP-1 and CCK (collectively resulting in appetite suppression)	Thiamin: 12%; folate: 15%; vitamin B12: 30–50%; vitamin A: 10–50%; vitamin D: 30–50%; vitamin E: 10%; iron: 25–50%; copper: 10%; zinc: 20–37%
Biliopancreatic diversion duodenal switch (BPD-DS) (restrictive/ malabsorptive)	SG with ileoduodenostomy distal to the pylorus. Alimentary and biliopancreatic limbs are created to be of similar length, with common channel varying from 50 to 125 cm	Significantly decreased ghrelin, decreased leptin, increased adiponectin levels ref	Thiamin: 10–15%; folate: 15%; vitamin B6: 10%; vitamin B12: 22%; vitamin A: 60–70%; vitamin D: 40–100%; vitamin E:10%; vitamin K: 60–70%; iron: 25%; copper: 70%; zinc: 25%

GLP-1, Glucagon-like Peptide 1; PPY, peptide YY; CCK, cholecystokinin.





How many micrograms of vitamin d3 per day. How many iu are recommended for vitamin d3. Institute of medicine vitamin d guidelines 2011. Institute of medicine vitamin d recommendations.

Last Updated: April 21, 2021 There is insufficient evidence to recommend the use of vitamin D for the prevention or treatment of COVID-19 or for its contras. Vitamin D is critical for bone and mineral metabolism. Because the vitamin D receptor is expressed in immune cells such as B cells, T cells and cells that have antigens, and because these cells can synthesize the active metabolite of vitamin D, vitamin D also has the potential to modulate immune and adaptive responses.1 Vitamin D deficiency (defined as a serum concentration of 25 hydroxyvitamin D ≤20 ng/mL) is common in the United States, especially among Hispanic ethnic and black people. These groups are also overrepresented among cases of COVID-19 in the United States.2 Vitamin D deficiency is also more common in older patients and patients with obesity and hypertension; these factors have been associated with worse results in patients with COVID-19. In observational studies, low levels of vitamin D have been associated with increased risk of community-acquired pneumonia in older adults3 and children4. Vitamin D supplements can increase levels of T-regulatory cells in healthy individuals and patients with autoimmune diseases; vitamin D supplements can also increase T-regulatory cell activity.5 In a meta-analysis of randomized clinical trials, vitamin D supplementation was protected against acute respiratory tract infection. 6 However, in two double-blind, placebo-controlled clinical trials randomized, managing high doses of vitamin D to critical patients with vitamin D deficiency (but not COVID-19) did not reduce the duration of the hospital stay or the mortality rate compared to placebo.7.8 High levels of vitamin D can cause hypercalcemia and nephrocalcinosis.9rationality for the use of vitamin D is largely based on immunomodulatory effects that could potentially protect against COVID-19 infection or decrease the severity of the disease. Current Observatorythey are evaluating the role of vitamin D in the prevention and treatment of COVID-19. Some research tests on the use of vitamin D in people with COVID-19 or are already accumulating participants are being planned. These tests will administer vitamin D alone or in combination with other agents to participants with and without vitamin D deficiency. The latest information about these clinical trials can be found at ClinicalTrials.gov. Clinical Data The randomized clinical trial of vitamin D versus placebo in patients with covid-19 moderate to severe in a placebo-controlled randomized trial with placebo that was performed in two sites in Brazil, 240 patients hospitalized with COVID-19 moderate to severe. either a single dose of 200,000 international vitamin D3 or placebo units.10 COVID-19 moderate to severe was defined as patients with a positive result in a chain reaction test of COV-2 polymerase (or computed tomography compatible findings) and a respiratory rate of 24 breathings / min, oxygen saturation ≤93% in room air or risk factors for complications. The main result in this study was the duration of the hospital stay. The mean length of the stay was not significantly different between the vitamin D3 arm (7.0 days [IQR 4.0 "10.0 days] and the placebo arm (7.0 days [IQR 5.0, 13.0 days]; P'1,000 = â€ , 0.59, registration test). No significant differences were observed between weapons in the percentages of patients admitted to the Intensive Care Unit, who required mechanical ventilation, or who died during hospitalization. It should be noted that this study had a small sample size and enrolled participants with a variety of comorbidities and concomitant drugs. The time between the onset of symptoms and randomization was relatively long, with patientsan average of 10.3 days after the beginning of the symptom. In this study, a single and high dose of vitamin D3 did not significantly reduce the duration of the stay for patients hospitalized with COVID-19. ♪ The charge to the(Medicine Institute Committee to Review Dietary Reference Intakes for Vitamin D and Calcium) was to evaluate the current relevant data and updates, as appropriate, the DRIS (Divorcedural Reference Intakes) for Vitamin D and Calcium. The review was to include consideration of indicators of chronic diseases (e.g., reduction of cancer risk) and other indicators (non-chronic disease) and health outcomes. The definitions of these terms are discussed below. Consistent with the development framework of DRI, indicators to evaluate the adequacy and excess intake would be selected based on the strength and quality of the evidence and its demonstrated importance of public health, taking into account the sources of uncertainty in the evidence. Furthermore, the Committee ' s deliberations were to incorporate, as appropriate, systematic revisions based on the evidence of literature. Specifically, in carrying out its work, the Committee was: to review the evidence on indicators to evaluate the adequacy and indicators to assess the excess intake relevant to the General Population of North America, including groups, whose needs or sensitivity to the nutrient may be affected by particular conditions that are widespread in the population, such as obesity or age-related chronic diseases. Special groups under medical care whose needs or sensitivities are affected by rare genetic disorders or diseases and their treatments should be excluded; consider systematic evidence-based reviews, including those available by sponsors and others, and carefully document the approach used. by the Committee to carry out any of its own revisions to the literature; with regard to the selection of indicators on which to base the values of DRIthe appropriate intake, prioritizing the selection of indicators relevant to the various age, gender and life-stage groups that will allow the determination of an estimated average requirement (hear); with respect to the selection of indicators on which to base the DRI values for higher admission levels, give priority to theIf a critical adverse effect can be selected that will allow the determination of the so-called reference intake; Update DRI values, as appropriate, using a risk assessment approach that includes (1) identification of possible indicators to evaluate the adaptation and excess of intake, (2) selection of the indicators of adaptation and excess intake , (3) Evaluation of the response to ingestion, (4) evaluation of dietary intake, and (5) risk characterization. Identify the research gaps to address the uncertainties identified in the reference derivation process. values and evaluating your public health implications. This study was supported by Contract No. 4500196976 between the National Academy of Science and Health Canada; Contract No. 59-0204-8-155 between the National Academy of Sciences and the Department of Agriculture of Agriculture of the United States, Agriculture Investigation Service; Contract No. CNPP-08-0001 between the National Academy of Sciences and the Department of Agriculture of the United States (Nutrition Policy and Promotion Center); Contract No. W81XWH-09-1-0288 between the National Academy of Sciences and the Department of Ejédo de las United States; Contract No. HHSF223200811157P between the National Academy of Sciences and the Department of Health and Human Services of the United States, Food and Drug Administration; Contract No. N01-OD-4-2139 between the National Academy of Sciences and the Department of Health and Human Services of the United States (National Institutes of Health); Contract No. HHSP223200800002T between the National Academy of Science and the Department of Health and Human Services of the United States (Office of Disease Prevention and Health Promotion). IOM (Institute of Medicine). 2011. Dietary Reference Takes for Calcium and Vitamin D. Washington, DC: National Academies Opinions, conclusions or recommendations expressed in this publication are those of the author (s) and do not necessarily reflect the vision of organizations or agencies that provided support for this project. Noticio: the project that is subject to The report was approved by the Governing Board of the National Research Council, whose members are extracted from the Councils of the National Academy of Sciences, the National Academy of Engineering and the Institute of Medicine. The members of the report responsible for the report were elected by their special competences and with respect to the appropriate equilibrium. Balance.

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